

In the Iowa District Court for \_\_\_\_\_ County

Plaintiff(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

vs.

Defendant(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

**Notice of Appeal**

Small Claim No. \_\_\_\_\_

1. I (We) appeal to the district court from the judgment entered on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

2. I (We) am (are) appealing this decision because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By checking this box, I (we) request an oral hearing. If my (our) request is granted, I (we) will receive a notice of hearing time and date.

**Note:** The appealing party(ies) must electronically file this original Notice of Appeal using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless exempted from electronic filing requirements by the court,. EDMS will serve a copy of this Notice of Appeal on the other party(ies), unless the party(ies) is (are) exempted from electronic filing, or on the attorney for the other party(ies), if any. The Notice of Electronic Filing will indicate if appealing party(ies) must mail a copy of this Notice of Appeal to the other party(ies).

/s/ \_\_\_\_\_  
Filing Appealing Party or Attorney

\_\_\_\_\_  
Law firm, if applicable

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Additional email address, if applicable

/s/ \_\_\_\_\_  
Second Appealing Party, if applicable

\_\_\_\_\_  
Law firm, if applicable

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Additional email address, if applicable